

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0551-0031  
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/824,719	<b>RECEIVED CENTRAL FAX CENTER OCT 1 - 2007</b>
	Filing Date	April 15, 2004	
	First Named Inventor	Peter J. Schubert	
	Art Unit	1745	
	Examiner Name	Melissa Thompson	
Total Number of Pages in This Submission	27	Attorney Docket Number	89190.130903/DP-311079

ENCLOSURES <i>(Check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Hartman & Hartman, P.C.	
Signature	/Gary M. Hartman/	
Printed name	Gary M. Hartman	
Date	October 1, 2007	Reg. No. 33,898

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	/Gary M. Hartman/	
Typed or printed name	Gary M. Hartman	Date October 1, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (07-07)

Approved for use through 08/30/2010. CMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		Complete if Known <b>RECEIVED</b> CENTRAL FAX CENTER	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/824,719
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	April 15, 2004 <b>OCT 1 - 2007</b>
		First Named Inventor	Peter J. Schubert
		Examiner Name	Melissa Thompson
		Art Unit	1745
		Attorney Docket No.	89190.130903/DP-311079

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 08-0960 Deposit Account Name: Hartman & Hartman, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>37</b>	<b>20 or HP = 0</b>
<b>Extra Claims</b>	<b>0</b>	<b>Fee (\$)</b>
<b>Fee Paid (\$)</b>	<b>0</b>	<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>5</b>	<b>3 or HP = 1</b>
<b>Extra Claims</b>	<b>1</b>	<b>Fee (\$)</b>
<b>Fee Paid (\$)</b>	<b>100</b>	<b>Fee Paid (\$)</b>
HP = highest number of independent claims paid for, if greater than 3.		
<b>Multiple Dependent Claims</b>	<b>180</b>	<b>Fee (\$)</b>
<b>Fee Paid (\$)</b>	<b>0</b>	<b>Fee Paid (\$)</b>

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

## 4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)	<b>Fees Paid (\$)</b>
Other (e.g., late filing surcharge): _____	_____

## SUBMITTED BY

Signature	/Gary M. Hartman/	Registration No.	33,898	Telephone	(219) 462-4999
Name (Print/Type)	Gary M. Hartman	(Attorney/Agent)		Date	October 1, 2007

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